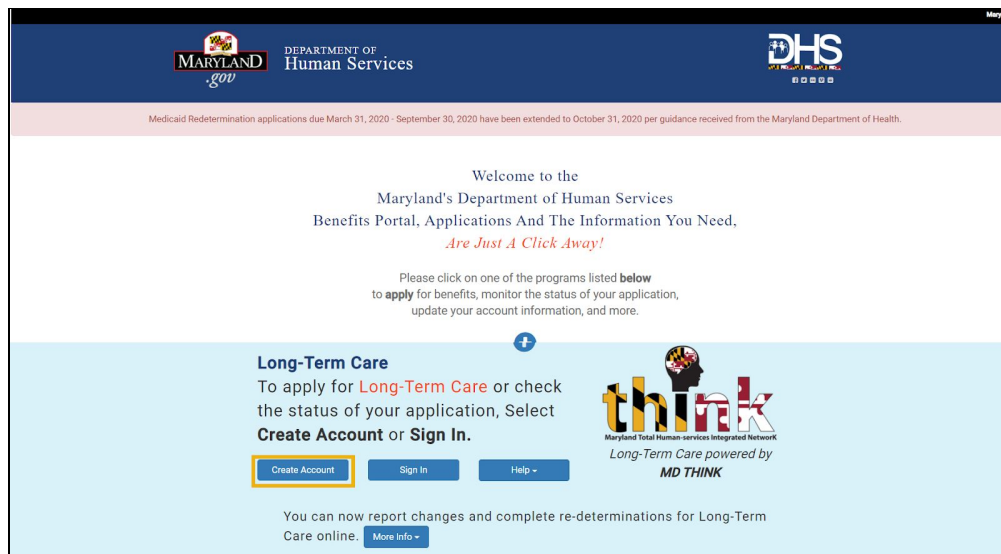


This document covers how to add staff to your facility in the MyMDTHINK Consumer Portal. The Facility must have signed the Data Share Agreement and the nursing home administrator must have already registered. This document outlines the process for then adding staff to your facility in the system.

1. The user requesting access creates an account by navigating to the MyMDTHINK homepage at <https://mymdthink.maryland.gov/home/#/home>. Click the “Create Account” button.



2. On the Account Registration screen, fill out the required fields. Select “No” to the question “Are you applying for yourself”.

### Account Registration

Please complete the registration form below to set up your account. The account is free and all information entered into your account is kept secure and confidential. Once you establish your account, you can apply for services, access your case details, and manage your account information.

Please note that you must have a valid email address to create an account. You will receive an email upon registering with instructions on how to complete registration.

Required fields marked with an asterisk (\*)

Your Name

\* First MI \* Last Suffix

Are you applying for yourself? \*

☐ Yes ☒ No

3. Select that you are applying as a “Nursing Home User”.

Are you applying for yourself? \*

☐ Yes ☒ No

I am registering as \*

Nursing Home User

4. Select one or more facilities for which you are registering access. Multiple selections may be made by holding the Control (CTRL) key and clicking additional nursing homes.

Nursing Homes: \*

1102 WASH. ST. OPERA  
ADELPHI NSG & REHAB  
ALICE BYRD TAWES NUR  
ALICE OPERATOR LLC D  
ANCHORAGE SNF LLC  
ARLINGTON WEST CARE

Selection is required

5. Select the Role Type that you are registering for.

Role Type: \*

Please Select One...  
Please Select One...  
Nursing Home Account Admin  
Nursing Home Staff  
Nursing Home Supervisor

- Fill out your log in credentials and complete the Authorization/Confirmation. Once complete, click the "Register" button.

### Authorization/Confirmation

☒ I attest that I have the right to complete applications, view statuses, etc. on behalf of the customers. \*

#### Electronic Signature

First Name\*

First Name is required

Last Name\*

Last Name is required

Current Date\*

I (Full name of Nursing Home Staff), hereby attest that I will only enter or view information on behalf of applicant, authorized representative or guardian for which I have lawfully gained permission from the applicant, authorized representative or guardian. I attest that all information inputs will be provided to me by the applicant, authorized representative or guardian and are true, accurate and complete to the best of my knowledge. I understand and acknowledge that impersonation and/or falsifying information will subject me to administrative, civil and criminal liability under Maryland State statutes:

**Register**

Cancel

Already have a myMDTHINK account? [Sign In](#)